

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> TARGET STORE T-0139	<b>Telephone Number</b> Est 812/945-5046 Own (612) 761-7165	<b>Date of Inspection</b> 09/13/2021	<b>ID#</b>		
<b>Address</b> 2209 STATE STREET, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 09/23/2021		
<b>Owner</b> TARGET CORPORATION		<b>Menu Type</b> 1 _ 2 <u>X</u> 3 _ 4 _ 5 _			
<b>Owner's Address</b> P.O. BOX 9471 CC-1028 MINNEAPOLIS, MN 55440-9471					
<b>Person in Charge</b> DREW JONES					
<b>Responsible Person's Email</b> LISA.KLINGLESMITH@TARGET.COM					
<b>Certified Food Handler</b> KATHY YORK					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C _____ NC _____ R _____					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	